

**Application for Fire Alarm Contractor License**  
Michigan Department of Consumer & Industry Services  
Bureau of Construction Codes & Fire Safety  
Electrical Division  
P.O. Box 30255  
Lansing, MI 48909  
517/241-9320

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**FEE: \$67.00**

OFFICE USE ONLY

Authority: 1956 PA 217  
Completion: Mandatory  
Penalty: License will not be issued

The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**Instructions:** To be eligible for a license an applicant must be a licensed fire alarm specialty technician or have a Michigan resident who is a licensed fire alarm technician in his or her full time employment.

- Complete and sign the application. **Type or print in ink.**
- Provide copies of incorporation, partnership, or D.B.A.
- Complete the enclosed Construction Lien Recovery Fund Membership Application; submit application and payment to address provided on membership application.
- P. A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
- Enclose a check payable to the **State of Michigan** for the fee indicated above.
- Mail completed application, required attachments, and fee to the address shown above.

**Applicant Information**

NAME OF PERSON, FIRM OR CORPORATION TO BE LICENSED				
ADDRESS		CITY		
TOWNSHIP	COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (       )
NAMES OF OFFICERS  _____  _____				
NAME OF FIRE ALARM SPECIALTY TECHNICIAN, IF DIFFERENT FROM CONTRACTOR		LICENSE NUMBER		
ADDRESS		CITY		
TOWNSHIP	COUNTY	STATE	ZIP CODE	

For an LLC or corporation, or if the fire alarm specialty technician listed above is not also the fire alarm contractor applying, then he/she shall provide this office with an **original notarized** letter stating he/she will be in your full time employ and shall be actively in charge of and responsible for code compliance of all installations of fire alarm system wiring and equipment.

**Certification and Signature**

I certify the information provided is true and accurate to the best of my ability. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
OWNER'S NAME (TYPE OR PRINT)	SOCIAL SECURITY NUMBER
OWNER'S SIGNATURE	DATE